NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Sexually Transmitted Disease GRANT PROGRAM NO. 05-36-STD STATUTORY AUTHORITY: TYPE OF AWARDS TO BE ISSUED:

State Appropriation Act (Pblc. Lw. 1994, Chptr. 67)

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To augment existing Sexually Transmitted Disease clinical services, such as improved diagnostic functions and to perform intervention and prevention activities.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$298,000 should be available in State Fiscal Year 2005 to fund five or six awards. Awards will be made for a twelve-month period beginning July 1, 2004. Funding estimates may vary and are subject to State and Federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Applicants are accepted from local health departments or hospital-based clinics that have a written agreement with the local health department to provide sexually transmitted disease clinical services.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The agency must have an existing sexually transmitted disease clinic which provides services to 1,000 or more cases of gonorrhea or a city having a population of at least 75,000 which reported at least 10 cases of syphilis and 114 cases of gonorrhea during CY 2002.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services Application for a Grant.

FOR INFORMATION CONTACT:

Program Manager, STD Program

New Jersey Department of Health and Senior Services

Communicable Disease Service **TELEPHONE:** (609) 588-7526

P.O. Box 369 FAX: (609) 588-7462

Trenton, NJ 08625-0369 **E-MAIL:** jerry.carolina@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies. Information will be included in formal request for application

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.